

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

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STD. 262 (REV. 12/93)

CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER* DEPARTMENT
Sandra Perez DEPARTMENT OF MANAGED HEALTH CARE

POSITION CB/ID NO. DIVISION OR BUREAU INDEX NUMBER
Director M01 Office of the Patient Advocate 6000

RESIDENCE ADDRESS* HEADQUARTERS ADDRESS TELEPHONE NUMBER
 980 - 9th Street, Suite 500 (916) 324-6407

CITY STATE ZIP CODE CITY STATE ZIP CODE
Sacramento CA Sacramento CA 95814

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
November 2009				Break- fast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	Tolls, Parking	(D) Private Car Use			
DATE	TIME										Miles			Amount
Nov. 24	12:00 pm	Sacramento - Monterey	93.56			18.00								\$111.56
Nov. 25	12:30 pm -5:00 pm	San Francisco - Sacramento		6.00	10.00		6.00			15.00				\$37.00
														\$0.00
Nov. 4	6:00 am	Sacramento - Oakland		6.00				24.00	PC/R		5	2.75		\$37.75
	4:00 pm - 7:30 pm	Oakland - Sacramento				18.00			PC 900		5	2.75		\$29.75
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
														\$0.00
(10) SUBTOTALS			93.56	12.00	10.00	36.00	6.00	24.00		24.00	10	5.50	0.00	\$211.06
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	211.06

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

11/25/2009 - PURPOSE: Conducted an interview with the San Francisco Spanish radio station La Raza KRZZ 93.3 FM for the program "Contacto con La Raza", San Francisco. Topic of discussion was SB 853, language access law for health plans. Parking in San Francisco @ \$15.00.

11/24/2009 - PURPOSE: Interviewed with UNIVISION MONTEREY KSMS/Univision 67 News Director Fidel M. Soto regarding SB 853, the language access law for health plans.

Please note, carpooled with staff from San Francisco to Sacramento.

11/4/2009 - PURPOSE: Attended Training in Oakland;Amtrak; one way \$24.00 - carpooled with staff from Oakland to Sacramento.

Parking (Amtrak Station) \$9.00/day; (5 miles @2.75 from home to Amtrak; round trip \$5.50)

(15) THEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK #

CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse) DATE
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